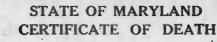
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0 0	PLACE OF DEATH
	County Norchesles
SICI	
HYSICIAN statement	Village or City G. M. Market No.
LY. P Exact	Village or City V
<u></u>	² FULL NAME
EXA	PERSONAL AND STATISTICAL PARTICULARS
clas	Ukunum White Single MARRIAD MA
be s perl	6 DATE OF BIRTH
Trip a	(Bonth) (Day)
S YO	7 AGE
	yrs. mos. OR
. 40	OCCUPATION (a) Trade, profession, or
carefully supplied lain terms, so tha	(b) General nature of lodustry business, or establishment in
ally erm truc	which employed (or employer)
plain to	9 BIRTHPLACE (State or country) Md.
SP	10 NAME OF SOA COLA COLA
Should EATH ortant.	"BIRTHPLACE OF FATHER (State or country) Ongland
	C 12 MAIDEN NAME
matior E OF C ery im	& OF MOTHER Netter Murph
AUSE I is ver	13 BIRTHPLACE OF MOTHER (State or country) Md.
O CA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
state PATIO	(Informant) Seo Adahed
Every item of information should state CAUSE OF D OCCUPATION is very imp	(Address) Rhodes Sail
Every i	(ABB1655)
- V) -	

Dorchester



· Registration Dist. No.

.Ward)

fif death occurred in a hospitat or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	23,1915 (Day) (Year)
17 I HEREBY CERTIFY, That La	ttended deceased from
, 191 , to	, 191
that I last saw halive on	, 191
and that death occurred on the dates	tated above, atm.
The CAUSE OF DEATH * was as follo	ws:
Still-B	irth
(Ouration)	vrs. mos. ds
Contributory Secondary	
(Signed) F. F. W. (Address M.	market md
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; and	or, in deaths from Violent
SUICIDAL OF HOMICIDAL.	. (2) Whether Accionation,
SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIENTS
SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yes. mes. de. Sta	INSTITUTIONS, TRANSIENTS
SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs	INSTITUTIONS, TRANSIENTS
SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. Sta Where wes disease contracted, If not at place of death? Former or usual residence	INSTITUTIONS, TRANSIENTS te,yrs
SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. Sta Where wes disease contrasted, if not at place of death? Former or usual residence	INSTITUTIONS, TRANSIENTS te,

REGISTRAR

If LESS than

1 day, hrs. OR min. ?

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in Never return If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchapneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal scplichaemia," "Senile," etc.), "Dropsy," State cause "Exhaustion," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CEWED 10V3 1915 REAU,V

V. S. No. 1.

Statement of	Coun	ty Dreweller	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /10
TLY, PHYSI Exact state	Villag	go or City Peling hura(No.). 2 FULL NAME Eliza Qui	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
XAC fied.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
uld be stated EXAC properly classified, rtificate.	3 SF	1	16 DATE OF DEATH (Morth) (Day) (Year)
	6 DA	TE OF BIRTH Muleum, 1 (Year)	that I last saw h & alive on Audit June 1, 1915,
AGE short it may be sack of ce	7 AG		and that death occurred on the date stated above, at 7.300 m.
upplied.	par (b	OCCUPATION) Trade, profession, or ritcular kind of work) General nature of industry siness, or establishment in ich employed (or employer)	Juberculoses Flands Jurele To Felicas (Duration) = yrs 5 mos = ds
e carefully su plain terms, See instructi		RTHPLACE (State or country) Mary Land	Contributory Brown Clarat ashing
H in	S	10 NAME OF John Thompson 11 BIRTHPLACE	(Signed) C-7- Mrzgrusz M. O. Address) TV Czuna M. O.
ion shour F DEAT	PARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OXUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.
format JSE O S very		13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	The length of residence (for Hospitals, Institutions, Transients or recent residents) At place In the of death
state		(Intermant) Lear 9- Olegnine	Former or usuel residence
while Every item of infinitional state CAU	15	(Address) Deinlock Mig	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 20 UNDERTAKER ADDRESS
œ.	File	REGISTRAR	H-Willoughty S E- Now Marke
Z		If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

11577

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servont, Cook, employed, as At school or At hone. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer, mobile factory. is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part " etc., without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by corbolic acid-probably Struck by roilway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puehperal septichuemia, mus," "Old Age," "Shock," "Uracmia," "Weakness." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonio (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere (Recommendations "Atrophy," ("Con-



N.B.

Village or City Ontertal (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // 6 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw here alive on and that death occurred on the date stated above, at The SAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Segretaria (Address) anticach sorchestes Co. Md. 15	OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, y. yrs. moa. dr. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed	Turner & A Cleir city

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing dearn, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home. and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer." mill; (a) Salesman, (b) (rocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return For persons who have no occupation whatever But in many cases, etc., without more If retired from "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"An iemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial birth or miscarriage etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull 25 "PUERPERAL State eause for which Never septicharmia," report mere



V. S. No. 1.

N.B.

PLACE OF DEATH 11579	STATE OF MARYLAND CERTIFICATE OF DEATH
County No Succession	Registration Dist. No. ///
Village or City & M. Musket (No. , 2 FULL NAME Princella Bac	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO OR DIVORCEO OR DIVORCEO (Wrise the word)	16 OATE OF OEATH 18 18 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	July 1915, to July 18, 1915,
(Month) (Day) (Year)	that I last saw her alive on July 18, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 7 m.
yrs / O mos or or or or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or notice	Cholera Infaulium
particular kind of work (b) General nature of industry business, or establishment in which emplayed (or employer)	(Buration) yrs. mos. 8 ds.
BIRTHPLACE (State or country) Made	Contributory Weel. or mells Secondary
10 NAME OF Joseph Bailey	(Signed) A Theeles M.O.
U BIRTHPLACE OF FATHER (State or country) M.d.	*State the Disease Causino Death, or, in deaths from Violent Causes; state (1) Mans of Munn; and (2) whether Accidental,
of MOTHER May Comper	SUICIDAL OF HOMICIDAL. SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Md.	OR RECENT RESIDENTS) At place In the of deathyrs
14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) 402 ish Vailey	Former or usual residence
(Address) &- M. Mailet Mid	Salem Tond hely 18.
Filed , 191 REGISTRAR	20 UNOERTAKER ANDRESS ANDRESS ANDRESS ANDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," uniqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonilis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracinia," "Weakness," or miscarriage as "Puenperal septichaemia," The contributory (secondary or intercur-"Dropsy," Never report merc "Exhaustion,"

Very atate pinons PHYSICIANS shou of OCCUPATION statement Cla properly pe may 0 back ATH in plain instructions DEATH 10 mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. 110 Lit death occurred in St.:....Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED 191. WIDOWED. ORDIVORCED (Write the word) (Menth) (Pav (Year) I HEREBY CERTIFY, That I attended eccased from DATE OF BIRTH 27" (Month) (Day (Year) TAGE It LESS than and that desth occurred on the date stated above. 1 day,.....hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE . 191..... (Address) OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ... State Where was disease contracted. Y KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL. (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has

Statement of cause of death—Name, first, the Insease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasics (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

Gounty Workster	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 1.8
2FULL NAME JOREPH Y:	St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, married, widowed, widowed, widowed, (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h all alive on July 4 ,1914
P 3 yrs mos /3 ds OR min.?	and that death occurred on the date stated above, at
*OCCUPATION (a) Trade, profession, or particular kind of work.	Concerting fram
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Tall from hay fifth
(State or country) Maryland	Secondary (Duration) yrs, mos ds.
pour of hooks	(Signed)
11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) May land	At place in the of death yrs mos ds. State yrs mos ds
(Informant) Joseph WB Nover	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) Madison mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Madison July 6, 1915
Filed asky 5, 18t 3 folia esky REGISTRAR If more blanks are needed, address State Regis	Jourald Puhardion hush brek

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal schtichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 41915
BURDAU, V.S.

		N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.
	RECOND	EXACTL ssified, E
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly claroccupation is very important. See instructions on back of certificate.
ב ב	THIS IS	AGE at it may
1 × ×	L-ANI &	supplied is, so the
T I I I	UNFADING	plain term See Instruc
Z	Y, WITH	should be EATH in ortant.
Z	PLAINL	E OF DE
	WRITE	ate CAUS
V & No. 1		B.—Every Iter should sta OCCUPA
>		Z

	11582		
	PLACE OF DEATH	STATE OF MARYLAN	D
Coun	2) relection	CERTIFICATE OF DEA	TH
Cour	1	Registration Dist. No.	16
200			
Villa	ge or City livery (No. ,		eath occorred in later or institution.
		give Its	NAME Instead
	2 FULL NAME Daniel James	Bry an Of street	et and number.]
		1	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH July 17	. 1915
h	cate Colord OR DIVORCED (Write the word)	(Month) (Day	
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended de	ceased from
		list at all ,191 to	191,
	(Month) (Day) (Year)	that I last saw h alive on	191,
7 AG	E If LESS than	and that death occurred on the date stated above	e, at 4.30/m.
	7 1 day, hrs.	The CAUSE OF DEATH * was as follows:	
	yrs. mos. ds. OR mio.?		
8 00	CCUPATION 1) Trade, profession, or	Entre. Colitis auti-	
pai	ricular kind of work		
bu:) General nature of lodustry siness, or establishment in	(Ouration) yrs.	
wh	ich employed (or employer)		mes
9 BI	RTHPLACE (State or country)	Contributory	
-	yu.	(Burstian) ' yrs	.f.,mos6s.
	10 NAME OF FATHER	(Signed) Zrwoff X	R. M. O.
(n	James W. Voryan	Less - Colin bis	1949 2.1
Ë	II BIRTHPLACE OF FATHER	State the Dispass Causing Death, or, in deaths fr	OID VIOLENT
RENTS	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURT; and (2) whether SUICIPAL OF HOMICIDAL	ACCIPENTAL,
PA	OF MOTHER Gran Eller Wilson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION	
	13 BIRTHPLACE	OR RECENT RESIDENTS)	
	OF MOTHER (State or country)	of doeth yrs. mes. ds. State, yrs.	mos ds.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at piece of death?	1
	have been in the Branch	Former or	
	(Informant) fames W. Ingan	usuel residence	j
	(Address) Chirry Ind	19 PLACE OF BURIAL OR REMOVAL - DATE OF	BURIAL
15		liverys hid July	191 5
File	on hely 17 1011 - SEW als	20 UNDERTAKER ADDRESS	
Litt	01	IN VI he Per Min	Kus

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death employed, as At school or At home. Care should be only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. ness of various pursuits can be known. "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever If the occupation has been changed Never return "Laborer," But in many cases, The question

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrins, etc. Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound as "Puerperal Never (Recommendations "Exhaustion," scptichaemia," ACCIDENTAL, report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

50	PLACE OF DEATHY	STATE OF MARYLAND
IAN cut	county Dorchester	CERTIFICATE OF DEATH
SIC		Registration Dist. No. 1/6
PHYSICIANS of statement of	VIIIago or City Cambridge (No.	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead
ACTLY. P	2 FULL NAME Oliver	Of street and number.]
X	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E	Male Color OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
be lead	6 DATE OF BIRTH Apr. 18 1889	HEREBY CERTIFY, That I attended deceased from
hould be pro	(Month) (Day) (Year)	that I last saw h Malive on July 33, 1915,
GE s may ck of	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
AG It m	26 yrs, 3 mas. 5 ds. OR min.?	The CAUSE OF DEATH * WAS RE TOllows:
supplied.	(a) Trade, profession, or Cay Laboter	Obar Meumonia
n terms, so finstructions	(b) General nature of industry husiness, or establishment in which employed (or employer)	(Suration) yro. mos. ds.
areful ain te e inst	9 BIRTHPLACE (State or country) Md	Secondary (Buratten) yre mee. 4e.
d be call in plai	10 NAME OF Samuel J. Burrs	(Signod) to the Maria M. O.
ion should F DEATH Important	U State or country) 11 BIRTHPLACE OF FATHER (State or country)	*State the DIREASE CAUSING DEATH, or, in deaths from IOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTIOENTAL, SUICIDAL OF HOMICIDAL.
	Te 12 MAIDEN NAME OF MOTHER AND LINE LENGTH	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
USE O	13 BIRTHPLACE OF MOTHER (State or country) M.	OR RECENT RESIDENTS) At place In the of destin yes, wee, de, State, yes, mee, de,
E -	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piece of death?
state	(Informant) S. J. OSUNG	Former ar usual residence
7 8 7	(Address) Cambridge, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
should OCCL	FRED 4/24,1915- 6. 6. Wolff	20 ANDERTAKER ADDRESS 1
m Z	(FZ) THAN	Junes & St. Clair City,
-	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more write None. Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed If retired from (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Choup");
Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemio-ecrebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Statement of Cause of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia Examples: ("Pneumonnia," Cerebrospinal

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deates cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of head-homicide; or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull The contributory (secondary or intercur-Poisoned by carbolic acid-probably

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

BUREAU,V



state

STATE OF MARYLAND

11584

ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croun";) Typhoid fever (never report "Typhoid pneuronia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

V. S. No. 1.

	PLACE OF DEATH	STATE (I MAKILAND
Coun	Dorchester	CERTIFIC	ATE OF DEATH
Coun	A	Regist	tration Dist. No. 112.
Villag	ge or City Rieds Grove (No. ,	sı.;v	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
4	² FULL NAME Y LLAME Co. C.C.	resignal and a second	TICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	1	FICATE OF DEATH
3 SE	CALL Black SINGLE, MARRIEO, WIODWED OR DIVORCED (Write the word)	18 DATE OF DEATH	(Month) (Day) (Year)
6 DA	March 8, 1907 (Month) (Day) (Year)	01 0 111	to learn of the 191
7 AG	if LESS than 1 day, hrs.	and that death occurred on the	sezion much
3.	8 yrs. 4 mos. 3 ds. OR min.?	The CAUSE OF DEATH * was	as follows:
8 00	CCUPATION		- 1111
(8	B) Trade, profession, or	Softening of	1 Sram Jollows
par (b bus	a) Irade, profession, or irricular kind of work	Topland Te	(Duration) yrs 3 mos
par (b bus whi	a) Irage, profession, or irricular kind of work	Contributory Secondary	Loid Fever
par (b bus whi	a) Irade, profession, or criticular kind of work of the control of	Contributory Secondary (Signey) 20 Doctor	Lois Ferre
a Bi	17 RIRTHPLACE 10 NAME OF FATHER Edward & Reampler 11 BIRTHPLACE	Secondary.	(Buration) - yrs 2 mos /5 attendants sines which formula the
S E I	a) Irade, profession, or criticular kind of work. D) General nature of industry isiness, or establishment in hich employed (or employer) DIRTHPLACE (State or country) 10 NAME OF FATHER Edward & Country	(Signed) 10 Doctor 191. State the Disease Chicago of Livers State of Homeson Livers of Livers o	(Buration) yrs. 2 mos. /3 attendance speed the formula for the formula of the f
A BI (p pas	10 NAME OF FATHER CONTRY) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (12 MAIDEN NAME)	Secondary (Signed) D. Dettor. 181. State the Dispasse CSNG SUICIDAL OF HONICIDAL 18 LENGTH OF RESIDENCE (FOR IT OR RECENT RESIDENTS) At place of death	(Buration) — yrs. 2 mos. 2 mos
PARENTS white specific bases of the specific	10 NAME OF FATHER COLUMN CONTROL OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) A Delton (Signed) A D	(Buration)yrsmos
PARENTS white specific bases of the specific	10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 BIRTHPLACE OF MOTHER (State or country)	(Signed) A Delton 191 Start the Dispuse 191 Sucified of Howitz April 18 LENGTH OF RESIDENCE (FOR 10 OR RECENT RESIDENTS) At place of death	(Buration) yrs. 2 mos. 2 (Dearly or, in the State, yrs. mos. 2) OATE OF BURIAL ACTIONS, TRANSIENT in the State, yrs. mos.
PARENTS white specific bases of the specific	10 NAME OF FATHER CONTRY) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 BIRTHPLACE (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 NAME OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country)	(Signed) A Delton 191 Start the Dispuse 191 Sucified of Howitz April 18 LENGTH OF RESIDENCE (FOR 10 OR RECENT RESIDENTS) At place of death	(Buration) yrs 2 mos 2 the formula of the state, yrs. mos. [AL JOATE OF BURIAL OF THE STATE OF BURIAL OF THE STATE OF THE STAT

[Approved by U. S. Census and American Public Health Association.]

write None. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Doy loborer, Farm luborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons eniployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupavery important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atropuy,
"Convulsions," "Debility" ("Conges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Struck by railway train-occident; Revolver wound of surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. birth or misearriage as "Puerperal seplicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meusles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," The contributory (secondary or intercur-Poisoned by "Uracmia," "Weakness," carbolic ocid-probably State cause for which Never report mere



RECORD PERMANENT GE pino 1 PLACE OF DEATH

STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead ef street and number. EXACT classified MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED, /L WIDOWED OR DIVORCED (Month) back of certificate That I attended deceased DATE OF BIRTH should (Day) (Year) 7 AGE If LESS than may 1 day, hrs. min. ? Luke Calese uo. OCCUPATION supplied (a) Trade, profession, or Instructions particular kind of work So b) General nature of Industry terms, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) lain See ō. 10 NAME OF be 2 FATHER (Signed) important. PARENTS 11 BIRTHPLACE OF FATHER (State or country) EA *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, ۵ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 0 Very OR RECENT RESIDENTS) ú 13 BIRTHPLACE In the At place S OF MOTHER S (State or country State, ______yre. _____moe. _____ds. -Every item of inf should state CAL OCCUPATION I Where was disease contracted. 14 THE ABOVE if not at piece of deeth?. Farmer or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, mill; (a) Salesman, (b) Grocery; (a) Foreman, write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return If retired from "Laborer," (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deathis "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puenreral septichaemia," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), '10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial "Annemia" (merely symptomatic), rent) affection need not be stated unless important. nephrilis, etc. ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of by railway troin-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Atrophy," acid-probably ACCIDENTAL,



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Count	1 PLACE OF DEATH ty Strokerles ge or City Cambridge (No. 2 FULL NAME Strokerles)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)		16 OATE OF OEATH July 2 7 , 1913 (Month) (Day) (Year)
6 DAT	TE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 2 occasions, 191, to 191, that I last saw have alive as I from 1916.
7 AGI		and that death occurred on the date stated above, at 7
2 (a) 2 (b) bus whi	CCUPATION) Trade, prefession, or ticular kind of work) General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 3	(Buration) Yrs. mos. d
RENTS	10 NAME OF FATHER Proces Classe 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Reg 28 , 1813 (Address) Cambridge Mas *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death
	(informant) Moses Chare	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	ed July 28, 131 5 Sevolf	20 UNDERTAKER ADDRESS. Luner & St. Clair aty
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer." etc., without more mill; (a) Salesman, (b) Groccry; (a) Forenum, precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-Thu.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tubcreudosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetomus) may be stated syicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic oxid-probably Struck by railway troin—accident, Revolver wound to determine definitely. Examples: Aecidentol drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichumia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart discose; Chronic interstitial nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Atrophy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 9 1915
BUREAU, V.S.

1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer business, that fact may be indicated thus: Farmer (relired engaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomolive engineer, etc., without more If retired from The question (b) Auto-

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CTLY. PH'.	Villa	2 FULL NAME Mabble CHIM	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
fied		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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ould be proper	(6 o)	ATE OF BIRTH July 5 (Day) , 1915 (Year)	t HEREBY CERTIFY, That I attended deceased from at all 191, to 191, 191, 191
AGE shit may b	7 AC	ge the LESS than 1 day, hrs. or mes. ds. or min.?	and that death occurred on the date stated above, at // P. n The CAUSE OF DEATH * was as follows:
so that	pa (C)	a) Trade, profession, or arrival stricture of work. b) General nature of industry	V Etanus Revnatorum (7 mm history)
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ould be ca TH in plai tant. See	2	10 NAME OF FATHER CLIMBUS Crimele	(Signed) E. E. Wellon) To Ros d July 19, 181.5 (Address) Cambri of y ing
tion ships of import	PARENTS	OF FATHER (State or country) Church Culp mo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT:
f informa CAUSE C		13 BIRTHPLACE OF MOTHER (State or country) Link word md THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At piece In the of deeth
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Should OCCU	15 FI	ied hely 11 1913 - E. E. Walge	Conbey dge not wity 1, 191.5. 20 UNDERTAKER ADDRESS.
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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing neath, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Lohorer "Forenian," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

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	PLACE OF DEATH	STATE OF MARYLAND
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	2 FULL NAME Hasus a al	of life of street and of
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
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0	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR OIVORCED MORELL (Write the word) Morelly	Month) (Day)
1		I HEREBY CERTIFY, That pattended decease
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	(Month) (Day) (Year)	that I last saw h alive on 15
7 AG	E tf LESS than	and that death occurred on the date stated above, at
	73 yrs mos ds OR min.?	The CAUSE OF DEATH & was as follows:
8 0	COUPATION	Vissentatory
(a) Trade, profession, or ricular kind of work mone	
) (b) General nature of industry	
bu: wh	siness, or establishment in high employed (or employer)	(Ouration) yrs mos.
9 B	RTHPLACE (State or country) 10	Contributory Secondary
	Sout prom	((Buratlen) ys mos
	10 NAME OF FATHER	
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ပ္	naseo where	(Signed) Apo Tynch to M
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ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Vi- CAUSES state (1) MEANS OF INJURY; and (2) whether Accide SUICIDAL OF HOMICIDAL.
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PA	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs
PA	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 CR NECH NOW	*State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, If not at place of death? Former or usual residence
PA	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place to the of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, If not at place of death? Former or
PA	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (Informant)	State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIPAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Cambulade Additional Contraction of the contraction o
14 TI	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Comberned 91 Address)	*State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, If not at place of death? Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," . "Manager," "Pealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL on Nonienclature of the American Medical Association.) Struck by railwoy train-arcident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which cause. mus," "Old Age," "Shock," "Uraunia," "Weakness," suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned to determine definitely. Examples: Aecidental drowning. surgical operation was undertaken. For violent beatis birth or unscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "An. cmia" chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic vulvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic acid-probably "PUERPERAL septichaemia," "Atrophy," "Col-("Con-



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PLACE OF DEATH	STATE OF MARYLAND			
and horaches les	CERTIFICATE OF DEATH			
County	Registration Dist. No. // O			
Village or City Near Veliance (No.	St.; Ward) [If death occurred in			
2 FULL NAME MANY 31 W	a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Honth) (Day) (Year)			
G DATE OF BIRTH	that I last saw hely alive on July 5, 1915			
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at a m			
1 day, hrs.	The CAUSE OF DEATH * was as follows:			
yrs, mos or min.?	J. J			
(a) Trade, profession, or	Fillusis Freemonis			
particular kind of work (b) General nature of industry	2			
business, or establishment in which employed (or employer)	(Ouration) / yrs. mos. ds			
9 BIRTHPLACE (State or country)	Contributory Secondary			
10 NAME OF WILL Promble,	(Signed) 13 15 (Guration) yrs mos da			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER WAVY and Coulte wa	Thate the Disease Causino Death, or, in deaths from Tiolent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homerdal.			
of MOTHER Many word Coulte we	SUICIDAL OF HOMICIDAL. 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS			
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of death?			
(Informant) Size of Weller,	Former or usual residence			
(Address) Pak Provo Well	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELLA UNA CAMPLEY TULY ZUGA			
Filed July 23, 1915 Robert & Westings	20 UNDERTAKER ADDRESS TO WOUND AND SOUTH OF DEVAL STUDENTS			
If more blanks are needed, address State Registrar, 6 V. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

C yrs.). Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Compositor, Architect, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part -Preeise statement of occupa-Locomolive engineer, If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HONICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," suicide. The nature of the injury, as fracture of skull Struck by railway train—aecident; Revolver wound of surgical operation was undertaken. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronie interstitial ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid—probably FOR VIOLENT DEATHS Never report mere



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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 16 DATE OF DEATH 3 SEX MARRIEO. WIDOWED. (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at t day, ... hrs. The CAUSE OF DEATH * was as follows: ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLAC ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whicher Accinen-AR 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has But in many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: cause for For VIO-



Count	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6		
Villag	e or City Caroling (No. 163, No. 163, N	ash for St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE)	le WHONEO OR OIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year) 17 (HEREBY CERTIFY, That I attended deceased from		
7 AGI	(Month) (Day) (Year)	that I last saw hem alive on about hung 15, 1915, and that death occurred on the date stated above, at 2 P. m.		
	22 yrs. 8 mos. 3 ds. OR min.?	The CAUSE OF DEATH * was as follows:		
a/par	CCUPATION Trade, profession, or ticular kind of work	Onlineray Tubralois-		
(b) General nature of Industry business, or establishment in which employed (or employer)		(Ouration) yrs. mos. ds.		
9 BIRTHPLACE (State or country)		Contributory Secondary (Ouration) yrs. mos. ds.		
S	10 NAME OF FATHER Rechard Mogast	(Signed) Eschaeff, M. O. July 2/ 1915 (Address) Cauchi Sy, haf		
RENTS	11 BIRTH PLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
PAR	12 MAIDEN NAME OF MOTHER Cliga green	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Eliza Green		if not at place of death? Former or usual residence		
	(Address) () Nashengton Sty Cambridge)	19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL LA 1915		
15 Fil	REGISTRAR	20 UNDERTAKER ADORESS. June 2 St. Carr. City		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children; not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. various pursuits can be known. The question For persons who have no occupation whatever, Never return Locomotive If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. State cause for which "Heart failure," "He emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," cough; Chronic vulvular heart disease; Chronic interstitial surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Scnile," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopnicumonia (secondary), 10 ds. Never report mere nephrilis, etc. "Anaemia" Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes, Whooping ges, peritonacum, etc., Carcinomo, Sarcomo, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), The contributory (secondary or intercur-"Convulsions," ete.), "Dropsy," "Debility" ("Con-"Atrophy," "Exhaustion," ACCIDENTAL,



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N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 2 UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH	STATE OF MARYLAND
Machiette	CERTIFICATE OF DEATH
County. O Multiple	C \ //
	Registration Dist. No.
Village or City Courteful (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Infan	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May Color or RACE MANUEL, WIDGE, ORDINACED ORDINACED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Suly 21 ,911	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	All firm
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Drocheston	Contributory Secondary
10 NAME OF Othis Frence	(Signed) yrs mos ds.
of Father & Dorco had	191 J. (Address) (1910) (1912)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs ds. State yrs ds Where was disease contracted,
& office Car	It not at place of death?
(Informant)	usual residence
(Address) A thrul Cuit	19 BLACE OF BURIAL OR REMOVAL
Filed Sels 21 191 E. E. Weff	Cambridge, my Lording, 1915
REGISTRAR	delonger Harper Siturgeray
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Ma

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



N.B.

County Orches len 11595	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 110
Village or City Allamas Gung,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR-DIVORCED OR-DIVORCED (Write the word) 6 DATE OF BIRTH 11915	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That attended deceased from , 191, to, 191,
7 AGE (Month) (Day) (Year) 1 (LESS than 1 day, hrs. OR min.?	that I last saw h
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	to governmentuse und government de la
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Secondary (Signed) Alexanterial State (1) Mans of Injury; and (2) whether Accidentials. (Signed) Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State, yrs. mos. dz. Where was disease contracted, if not at place of death?
(Informant) & a Halliday	Former or usual rasidence 19 PKACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed July 23", 1916. Position And Registran	Callians ang Md July 221916 20 BINDERTAKER 6 Aballidans Hederalyma
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Eyrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groeery; (a) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemail, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Puerperal peritonitis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of railway train-accident; Revolver The contributory (secondary or intercur-State cause Never report mere mound



V. S. No. 1.

N. B.

ould be stated EXACTLY. PHYSICIANS e properly classified. Exact statement of RECORD PERMANENT < AGE THIS IS supplied WITH UNFADING INK pinou PLAINLY, of Information WRITE should state CAI

1 PLACE OF DEATH	STATE OF MARYLAND
County Dorchester	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Cambridge (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDDWED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
July 26 19	that I last saw h alive on 191
(Month) (Day) (O	0.41
Preventing Bell 1 day.	hrs.
B OCCUPATION (a) Trade, profession, or	Poquature Birth (4 Euro.)
particular kind of work	(Ntin)
(b) General nature of lodustry business, or establishment in which complexed (as whether)	Sull-bom (Quration) yrs. mos. di
which employed (or employer) 9 BIRTHPLACE	Contributory 20t /Cross.
(State or country)	(Supplied)
10 NAME OF Jones Kaine	(Signed) EEW off M.
0	- July 2) 1915 (Address) Cambri de lug
Z OF FATHER (State or country) Lud,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
a 12 MAIDEN NAME OF MOTHER INEQUE Hicks	SUICIOAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Land.	ef death yrs. mes. ds. State, yrs. I mos. 1 de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Iran Kicks	Former or usual residence
(Address) Combi dge had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(ADBIFESS)	- In good at two July 27 1015
Fled Buly 27, 1915 - SEW olf	20 UNDERTAKER ADDRESS .
1100	Company Kany Campide My

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question "Foreman," "Manager," "Pealer," etc., business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part Architect, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy;" "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Meastes (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for inalignant neoplasms); Measles; Whooping or misearriage as "PUERPERAL by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never septicharmia, ACCIDENTAL, report mere



Villag	e or City Cambridge (No.314,	Dight St.; Ward)	[If death occurs a hospital or instit give its NAME in of street and numi
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE)	4 CDLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) (
6 DA	Zlash (Month) (Day) , 1860	that I last saw h alive on	lended deceased
7 AGI	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date st. The CAUSE OF DEATH * was as follow Telumnay	/
par (b) bus whi) Trade, profession, or (continuation of work	Contributory Mulion	mh Ku Refuet
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signad) (Signad) (Address) (Address) (State the Disease Causino Death, or, Causes, state (1) Means of Injury; and	in deaths from VIOL
PAR	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At pisce In the	3
	(Informant) James Laoper	Former or usual residence	DATE OF BURIAL
15 File	ed like 13, 1910 - SEWILL	Baltimore Ind -	July 15, 1 ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at heginning of illness. If retired from or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," Housemaid, etc. If the occupation has been changed engaged in doinestic service for wages, as Serrant, Cook, who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compasitor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, etc., without more (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," Lober pneumonia, indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railwoy train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning; cause. etc., when a definite disease can be ascertained as the "Annemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, perilonocum, etc., Carcinoma, Sarcomo, etc., of ... "Heart failure," "Haemorrhage," "Inauition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of or misearriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercuras "Puerperal septichamia," "Dropsy," State cause for which "Exhanstion," ("Con-



S. No. 1.

>

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated

RECORD

of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. See CAUSE OF Important.

11598 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

W. Lambdin

Taylora Isla

	Registration Dist, No. 13
Village or City Golden Hill (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE MARNIED, WIDDIED, Sungel	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended deceased from
e date of Birth (Month) (Day (Year)	that I fast saw her allve on July 29 1915.
TAGE If LESS than 1 day,hrs. OR min.? COCUPATION (a) Trade, profession, or particular kind of work MODILE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 9 5 m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Chas. S. Hubbard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
of Mother Mary B. Mirwan 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sea M. Hubbard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT (RESIDENTS) Af place in the of death yrs. mos. ds. State yrs. mos. ds Where wes disease contracted, if not at piece of death? Former or usual residence.
(Address) Jaylor's Sal'd	19 PLACE OF BURIAL OR REMOVAL Hargis Cern Hill- ma July 26., 1915 20 UNDERTAKER ADDRESS

REGISTRAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerferal peritonitis," etc. State childbirth or miscarriage as "Puebperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; cause for For Vio-



If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession, or particular kind of work	(Day)
Month Mont	teg above, at
(Month) (Day) (Year) TAGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) That I last saw has alive on law and that death occurred on the date state. The CAUSE OF DEATH ** was as follows: **The CAUSE OF DEATH ** was as follows: **Define a latter of industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Gurelion** (Quration)	teg above, at
TAGE If LESS than 1 day, hrs. or mos. ds. or min.?	tep above, at.
1 day, hrs.	s:
(a) Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary (Quration)	reulo
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary (Quration)	**********************
(State or country) Secondary (Quration)	
	gattt
FATHER Win Siele (Signad) II. T. Merco	yrsmos
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) Suicidal of Homicidal.	n deaths from Vi
OF MOTHER	
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	
19 PLACE OF BURIAL OR REMOVAL OF	

fittons

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile fuctory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loa engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomolive engineer, Civil But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if inpossible ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "H. emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular hort disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of birth or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere

Village or City Brektown (No. 13 Lev	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its MAME instead of street and number.]
2 FULL NAME COUNCY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED SINGLE WIDOWED OR DIVORCED SINGLE Winds the word)	16 DATE OF DEATH (Month) (Day) (Year) (Total All HEREBY CERTIFY, That Lattended deceased from
DATE OF BIRTH JUBAS 18 (Day) , 1916	that I last saw h alive on 1910,
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH : was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	(Duration) - yrs - mos ds.
9 BIRTHPLACE (State or country) RICh ACTUM Mul	Contributory Secondary
10 NAME OF FATHER Charles & Jackson 11 BIRTHPLACE OF FATHER (State or country) Calyle mod 12 MAIDEN NAME OF MOTHER WANTER A STATE OF MOTHER WANT	(Signed) 191. (Address) DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother Mautha for Stands 13 BIRTHPLACE OF MOTHER (State or country) But tany	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the control of death
(Informant) Chaule Efacks	Where was disease contracted, If not at place of death? Former or usual residence
(Address) East 108 mol no, 15 Filed 21, 181 2 2 Wolf REGISTRAR	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BUCK HOUN WINDER 181 20 UNDERTAKER Lew & H Barnew Carbind ge
If more blanks are needed; address State Registrar, 1	6 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, ('iril engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Former (retired Housemaid, etc. taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Never return etc., without more If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopucumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Il hooping or miscarriage as "Puerperal septicharmia, by railway train-occident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or interent-State cause for which Never report mere "Exhaustion," wound of



V. S. No. 1.

County Drocesta	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // G
Village or City Cordioun, (No. ,	St; Ward) [If death eccurred in a hospital or institution, give its MAMF instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie Down of Race Single, Married, Wioower or Divorced (Write the word)	18 OATE OF OEATH Sule 9, 1915 (Month) (Day) (Year)
Oct. 20 1914 (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw half alive on the date stated above, at I show the cause of the cau
OCCUPATION (a) Trade, profession, or (a) Trade, profession, or (a) Trade, profession, or (a) Trade, profession, or (b) General nature of lodustry (c) Gener	(Ourstian) yrs. mos
10 NAME OF FATHER Arthur D. Joulan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME / 440	(Signed) State the Dispass Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicioal.
of Mother Statle & Y Gomes 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the ef daath yrs. mes. ds. Stats, yrs. mes. (Where was disease coefrected, if not at place of deeth?
(Address) Cambridge And, R. F.D.	19 PLACE OF BURIAL OR REMOVAL LOT BURIAL Suly 10, 1915
Filed fre (0, 191 1) PREGISTRAR	20 UNDERTAKER ADDRESS AUSLINGS R. F.A. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Screant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Housemaid, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in etc. The material werked on may form part If the occupation has been changed Architect, Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculasis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-" "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of as "Puerperal septichaemia," Examples: Accidental drowning; State cause for which Never (Recommendations ACCIDENTAL, report mere



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County Dorehester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 112
2 FULL NAME Thomas tal	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3-SEX	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 , 1913, to 5 , 1913, to 5 , 1913, to 5 , 1913, to 7
TAGE Do 2001 know. If LESS to 1 day, In a day, In or min	The Callet OF DEATH & was so follower
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Chronic Sulustitial Secondary
10 NAME OF FATHER Lehalls Jackson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER RASIAL Sill 13 BIRTHPLACE OF MOTHER (State or country) (State or country) 14 MAIDEN NAME OF MOTHER RASIAL Sill 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addr
(Informant) Look ackson (Address) Jeward 8- Jan	Where was disease contracted, if not et place of death? Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL Cross Roads, Vienna, Nd. 20 UNDERTAKER ADDRESS Live John March Contracted to the place of the p
LOCAT REGISTRAS	Willoughby & Son. Hurlock, Md. rar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without mor mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, Architect, Locomotive engineer, in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of to determine definitely. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inamition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage "Old Age," "Shoek," "Uracmia," "Weakness," "Senile," etc.), The contributory (secondary or intercuras "Puterperal septicharmia," Examples: Accidental drowning; 10 ds. "Dropsy," carbolic acid-probably State cause for which Never (Recommendations "Exhaustion," report mere



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Village or City Cambridge (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR OIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191 , to ,191 , to ,191 , and that death occurred on the date stated above, at ,191 ,191 ,191 ,191 ,191 ,191 ,191 ,19
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows: Ciccidental Browning. (Durelion) yrs. mos. ds Contributory
(State or country) lenisfield Ind. 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Insknown. 12 MAIOEN NAME	(Signed) Fields S. M. D.
OF MOTHER Zunkuron- 13 BIRTHPLACE OF MOTHER (State or country) Zunkuron: 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Curvie Davis (Address) Africh St. Extended Caustridge, Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of deeth yrs. mos is. State, yrs. mos ds Where was disease contracted, if not al place of death? Former or usuel residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL LAND LAND LAND LAND LAND LAND LAND LAND
Filed 12 2 4 , 191 2 2 4 REGISTRAR If more blanks are needed, address State Registrar,	20 UNDERTAKER Levis H. Bayneum Couchidge Mel. 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or -- ('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of oecupathe second statement. Never return "Laborer," For persons who have no occupation whatever At home. Care should be Locomotive engineer, But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations hend-homicide; Poisoned by carbolic acid-probably and consequences (e. g., 'sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," compneumona (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal septichaemio," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Ura mia," "Weakness, State cause for which wound of



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, s V. E. No. 1,

Important.

N. B.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

	FULL NAME George Fait	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ale Thite Single, MARRIED WIOWED CROIVORCED (Write the word)	Minth) (Day (Year) I HEREBY CERTIFY, That I attended decessed from
	ATE OF BIRTH JULY (Month) (Day (Year)	that I fast ssw her allve on July 4, 1915.
7 A	GE If LESS than 1 day,	and that desth occurred on the date stated above, at \$ 300 m, The CAUSE OF DEATH* was as follows:
(a) pa	OCCUPATION Trade, profession, or more more titular kind of work	Africas Epitepticus
bus Whi	General nature of Industry, iness, or establishment in ich employed (or employer)	Contributory Chilepsey
	10 NAME OF	Secondary (Duration) yrs mos ds.
TTS	11 BIRTHPLACE OF FATHER 17 BIRTHPLACE OF FATHER	(Signed) A de M. D. D. D. July 4, 191 J. (Address) Gaen Endge Med
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) St Marun la Mil	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, de
	(Informant) Color Carlos	Where was disease contracted, if not at piace of death? Former or usual residence
15	(Address). Combridge Ma	Caubridge crueky poly 5, 1918

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting Co. No. 1000

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of



Coun	by Barchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // (
Villag	2 FULL NAME George &. Z	Tapetal St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	Ale White Single, Single MARRIED, Wildham Market OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH July 28 , 1915 (Month) (Day) (Year)
6 DAT	Dec 30 m, 1895 (Month) (Day), 1895	17 I HEREBY CERTIFY, That I attended deceased from Mil at III., 191, to
7 AGE		and that death occurred on the date stated above, at
part (b) busi	Trade, profession, pr ficular kind of work General nature of Industry Iness, or establishment in ch employed (or employer)	Was therein against letaphone July of accident in auto-unck Fracture of Skull - (Duration) yrs mos 446
9 BII	RTHPLACE (State or country) Maryland 10 NAME OF	Contributory Secondary (Burallon) yrs. mos
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mary Land	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARENT	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the
	(State or country) Willing Cause HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jerry C. Sei Sr.	of death yre. mss. da. Stale, yra. mos. d Whera was disease contracted, If not at place of death? Former or usual residence
16	(Address) Chimbridge Mid	Lambidge Mid July 29 1815
File	of my 29, 1915 This alg	The Willis The Combidge to
	* If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part write Nonc. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state Means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasins); Measles; Whooping by railway train-accident; Revolver-The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere nound



V. S. No. 1.

REC	EX
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	N. B.—Every item of information should be carefully supplied. AGE should be stated EX should state CAUSE OF DEATH in plain terms, so that it may be properly classifi OCCUPATION is very important. See instructions on back of certificate.
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	Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly oCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Whilester Village or City Hickoburg (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // St; Ward) [If death eccurred in a hospital er institution, give its MAME instead of street and number.]
2 FULL NAME Surfaut all	1
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 15 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH July 12, 1913 (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended deceased from Lut at all ,191 , to ,191 , that I last saw h alive on ,191 ,
Stillborn - It LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 4. P. m. The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Lloin W. Ler. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) E. S. Walf. R. M. O. State the DISEASE CAUSINO DEATH, or, in deaths from Violing CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL.
of Mother Chinis E. Brown. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chiny. H. Lee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At pleco In the af doeth yrs. mes. de. State, yre. mes. ds. Where wes disease contracted, If not at place of deeth? Former or usual rasidance
(Address) Cambridge Md. R. F.D. #2 16 Filed July 13, 1913 School Argustran If more blanks are needed, address State Registran.	PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL P

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm loborer, Laborer mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton caan, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many Housemaid, wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaetc. The material worked on may form part If the occupation has been changed Never return "Laborer," But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite discuse can be ascertained as the "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, eause. genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck to determine definitely. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," ACCIDENTAL,



	PLACE OF DEATH	STATE OF MARYLA
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	2 FULL NAME Lina Bestree L	01 \$
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SE	X 4 COLOR OR RACE 5 SINGLE, amply	16 DATE OF OEATH
Zen	rale Block WIDOWED OR OIVORCED (Write the word)	(Month) (1
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended
	now 12 1915	, 191, to
7	(Month) (Day) (Year)	that I last saw h alive on
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated ab
	yrs. 6 mos. ds. OR min.?	The CAUSE OF DEATH # was as follows:
6 OCCUPATION (a) Trade, protession, or		Cholera Jufoulum
(A) pa	rilcular kind of work	
bu) General nature of industry siness, or establishment in	(Buration) yrs.
	ich emplayed (or employer)	Contributory Diel-
	(State or country)	Secondary
	10 NAME OF FATHER	(Surafion) yrs.
(I)	Odgar tampede	(Signed)
ENT	of Father (State or country)	*State the Dispase Causing Death, or, in death
000	12 MAIDEN NAME	*State the Dispass Causing Dratti, or, in death Causes, state (1) Mrans of Injury; and (2) wheth Suicidal of Homicidal.
A	OF MOTHER Ruth Long	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUT
	13 BIRTHPLACE OF MOTHER PAR	At place In the
14 T	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ef death yrsds. State,yrs Where was disease contracted.
	7 1 8	If not at place of death?
	(Informant) 1. a. a.g.	esual residence
	(Address) &- M. market mid	19 PLACE OF BURIAL OR REMOVAL OATE
15	(Address) & M. Market Mil	En market med July
	(Address) &- M. Market Ind.	EM Fraglet and July 20 UNDERTAKER ADDRE THE MILLIANT STATE OF BURIAL OF REMOVAL OATE OF BURIAL OF BU

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death occurred in pital or institution, is NAME instead eet and number.]

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and that death occurre	d on the date s	tated above, a	tVa.m
The CAUSE OF DEATH			
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	(Address) 2	1. mark	I mel
*State the DISPASE CAUSES, state (1) MEANS SUICIDAL OF HOMICIDAL.	CAUSING DEATH, os of INJURY; and	r, in deaths from (2) whether Acco	VIOLENT
É LENGTH OF RESIDENCE	FOR HOSPITALS	. INSTITUTIONS. T	BANSIENTS
OR RECENT RESIDENTS)	~		
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ef death ws. mee	ds. Stat	e,yrs	mos d:
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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulyrs.). For persons who have no occupation whatever, Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," The material worked on may form part If retired from (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated hcad-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no oeeupation whatever, Locomotive engineer, But in many eases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

and eonsequences (e. g., sepsis, tetanus) may be stated on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; as "Puerperal septichaemia," State eause for which Never (Recommendations ACCIDENTAL, report mere important



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ry item of information should be carefully supplied. AGE should be stated EXACTLY. PH uid state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state CUPATION is very important. See instructions on back of certificate.
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County Dorches Tu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Village or City Cambridge (Noda Pout 1/4) 2 FULL NAME Infant	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
TAGE Write the word (Write the word) (Write the word) (Write the word) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Aday, hrs. or min.?	that I last saw halve on the date stated above, at the CAUSE OF DEATH was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. mes. ds.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Junge He. Markens 11 BIRTHPLACE OF FATHER (State or country) Maryland (State or country) Maryland 12 MAIDEN NAME	(Signed) (Buration) yrs. mos. ds. (Signed) (Buration) yrs. mos. ds.
of MOTHER Pulle Junthur 13 BIRTHPLACE OF MOTHER (State or country) Maryland: 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mea. ds. State, yrs. mos. ds. Where was dissess contracted,
(Informant) George H. Markens. (Address) Cambridge Md	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL
Filed July 30, 191 5 EWILL REGISTRAR If more blanks are needed, address State Registrar, 1	20 UNDERTAKER 16. W. Seratoga St. Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, write None. engaged in domestic service for wages, as Serront, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mobile factory. Hausemaid, etc. "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, very important, so that the relative healthful-Stationary firemon, etc. The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, Civil But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated heod-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal schickuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonneum, etc., Corcinoma, Sorcoma, etc., of..... to determine definitely. Examples: Accidental drowning; (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report merc "Exhaustion," nound



		# 0
	1 PLACE OF DEATH 11610	STATE OF MARYLAND
0	- Derchister	CERTIFICATE OF DEATH
Coun	Ty	1.0
		Registration Dist. No// 6
Villa	ge or City Cambredge (No.	St.; Ward) [If death occurred in a hospital or institution,
	10	give its NAME instead
	2 FULL NAME Lie Metche	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	H MEDICAL CERTIFICATE OF DEATH
SE	MARRIED; C.	16 DATE OF DEATH July 18 1015
2	Pale White OR DIVORCED (Write the word)	Month) (Day) (Year)
-	TE OF BIRTH	17 Cand HEREBY CERTIFY, That I attended deceased from
UX	Me am	nu , July 14, 1915, to, 191,
	(Month) (Day) (Year)	that I last saw h som alive on fully 14 , 1918 ,
AG		and that death occurred on the date stated above, atm.
	yrs 5 mas 6 ds. OR min.?	The CAUSE OF DEATH * was as follows:
) () () () () () () () () () (
(a	CCUPATION) Trade, profession, or 2001	Unti Culen-Collie
	ticular kind of work	
bus	siness, or establishment in	(Duration) yrs. mos. ds.
	ich empicyed (or empioyer)	7_Contributory
	(State or country) Mary land	
	10 NAME OF	(Ourallon) yrs. mos ds.
	FATHER John Metahell	(Signed) M. O.
PARENTS	11 BIRTHPLACE OF FATHER	pul 15 , 1918 (Address) Cauling for kind
Z	(State or country)	*State the Disease Causing Drath, or, in deaths from violett Causes, state (1) Means of Injury; and (2) whether Address at the Causes of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (3) whether Address at the Cause of Injury; and (2) whether Address at the Cause of Injury; and (3) whether Address of Injury; and (4) whether Addre
AB	12 MAIDEN NAME APP	SUICIDAL OF HOMICIDAL.
0	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Lew Zork	At place in the of death yrs. mos. ds. Stale, yrs. mos: ds.
4	TE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, old not at place of death?
4 Th		Former or
	200 19fa nd TI	
	(Informant) Mrs Islanche Metchell	usual residence
	(Informant) Mrs Islanahe Metchell (Address) Cambridge Modern	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	I MA Andror	la place of Burial or REMOVAL DATE OF BURIAL
	(Address) Cambridge Modernor or	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.

state occupation at be write None business, that fact may or given up on accoun Housemaid, ctc. engaged in domestic service taken to report specificall employed, who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," mill; (a) Salesman, only when needed. is provided for the latter know (a) the kind of whom the business or industry a especially in engineer, Stationary fi applies to each and mobile factory. first line will be sufficient, For many occupations ness of various pursuits can Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Housework, or At Home, and children, not gainfully Compositor, Archive, Locoffolive engineer, Civil eer, Stationary frequent etc. But in many cases, ially in industrial employments, it is decressing to (a) the kind of war and the constants. very important. For persons as At school or The material worked on may form part Women at home, who are engaged in (b) As examples: (a) Spinner, (b) Collon unit of the disease causing death, beginning of illuss. If retired from ay be indicated thus: Firmer (retired who have no occupation whatever. every person, irrespective of ork and alson(b) the nature of the Grocery: (a) so that ly the occupations or proceed for wares, as Servant, Cook, occupation has been changed statement; it should be used spigle word or term on the At home. Care Never return be known. The question the relative healthful-Forenian, etc., without more "Laborer," Should be (b) Auto-

unqualified, is spinal meningitis"); DipMheria (avoid use of "Croup"); CAUSING DEATH (the Typhoid fever (never report "Typhoid Statement of Cause of (the only definite synonym is "Epidemic cerebroand eausation), for the same disease. pueumonio, indcfinite); Bronchopneumonia primary affection with respect to using always the same accepted Tuberculosis Examples: ("Pneumonia, pneumonia"); lungs, Cerebrospinal menin-

> to determine defining Struck by railing head—hamicide T head on I under the head of "Contrib Struck lapse, suichle. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent diamis "PUERPERAL peritonitis," etc. State cause for birth or miscarriage etc., when a definite disease can be ascertained a mus," "Old Age," "Shock," "Ura mia," "Weakn'ss, "Heart failure," "Hecmorrhage," "Inamition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," choppeumoma Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping state MEANS OF INJURY and qualify as cause. ges, peritonaeum, etc., Corcinoma, Sarcoma, etc. (name origin; "Cancer" is less definite; avoid use of consequences ths certificate is looked over theroughly and all omenclature of the American Medical Associa atement of cause of de . The "Coma," Always qualify all diseases resulting from child-(merely symptomatic), natu (secondary), 10 ds. Never efinicity absumples: usedenial drough grain—section: threober would formed by cartolic acid—proparature of the naury, is fracture of ces (e. g., server, telanus) may be successive. The contributory (secondary or intercur-"Convulsions," etc.), "PUERPERAL "Dropsy," "Exhaustion," hory." approved by Comm "Debility", ("Con-"Atrophy," (Recommenda septicharmia," report mere ACCIDENTAL, of J which It mude Hank and necided address Statu H Bronwing;

tions ertificate is permanently filed answered in All the data is essential and must be obtained detail, it will prevent further corre



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

z B

The or bearing the state of the	STATE OF MARYLAND
county Norchester	CERTIFICATE OF DEATH
	Registration Dist. No. // /
Village or City Cambridge (No,	St.; Ward) a [If death occurred in a hospital or institution,
² FULL NAME	aumann give Its NAME Instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknown White Single, Married Ingle Who will the word Write the word	Month) (Day) (Year) 17 HEREBY CERTIFY, That I are nded deceased from
6 DATE OF BIRTH (Rionth) (Day) (Year)	,191, t• ,191,
7 AGE If LESS that	and that death occurred on the date stated above, at
yrs, mos. ds. OR mia;?	The CALICE OF DEATH & man of fellows.
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still-Bith
(b) General nature of Industry business, or establishment in	(Buration) yrs. mos. ds.
which emplayed (or emplayer) 9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF TATHER	(Signed) (Signed) yrs. mos. ds.
Maunin, Talimann	191 (Address ambridge
U BIRTH PLACE OF FATHER (State or country)	"State the Dishase Causing Drath, or, in deaths from Violent Causes, state (!) Means of Injury; and (2) whether accidental,
of MOTHER Sabelle Mayne	SUIGIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Md.	OR RECENT RESIDENTS) At place In the of death Ys. mes. ds. Stals, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, If not at place of death?
(Informant) FJUVILLE Laurence	Former or usual rásidancs
(Address) Philad M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed OV 25, 191 - 8 8 2 Political Registrate	20 UNDERTAKER AODRESS
	16 W Sarators St. Ralto Requesting V S. No. 1

the state of a

4 4

1 DI ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. Housemaid, etc. —Cool mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Catton cion, Compositor, Architect, Loco engineer, Stationory fireman, etc. of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, But in many cases, If retired from (b) Auto-

term for the same discase.

fever (the only definite synonym is "Epidemic ("Chup");

spinal meningitis"); Diphtheria (avoid use of "Chup");

Typhoid fever (never report "Typhoid pneumonia");

Typhoid fever (never report "Typhoid pneumonia");

Typhoid fever (never report "Typhoid pneumonia"); causing death (unit time and causation), using alwaystime and causation), using alwaystime and causation), using alwaysterm for the same disease. Examples: Cerebrusterm for the same disease. Examples: Statement of Cause of Death-Name, first, the DISEASE

on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetanus) may be stated If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before under the head of "Contributory." (Recommendations the sertificate is permanently filed. Struck to determine definitely. sucreat, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL seplichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL perilonitis," etc. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless nephritis, etc. by railway train-accident; Revolver "Senile," etc.), "Dropsy," The contributory (secondary or intercur-Examples: Accidental drowning, State cause for which Never report mere "Exhaustion," important. mound

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

EVETY ITEM OF Information should be carefully supplied. ACE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

PLACE OF DEATH

Dorchester or City Thiel



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

St.; Ward)

[If death occurred in a hospital or institution, give Its NAME Instead

FULL NAME Lucy	Parks of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOUED, OR DIVIDED OR DIVIDED (Write the word)	16 DATE OF DEATH July 24, 1915 (Month) (Day (Year)
Month (Day (Year)	17 I HEREBY CERTIFY, That I attended decessed from July 25, 1915, to July 24, 1915, that I last saw her alive on July 24, 1915
7 AGE 2 yrs mos 2 7 ds OR min.?	and that desth occurred on the date stated above, at 130 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishmenf in which employed (or employer)	Celstruction of Bowel (Duration) # yrs # mos. / dis.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Convelled one Secondary (Duration) tyrs to mos / ds.
SO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) 7. Thraves, J., M. B. 4.1915. (Address) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mattie Lewis 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Interment) June J. Parks.	If not at place of death?————————————————————————————————————
Filed July 2 t, 1915 W. H. Houston, Mr.,	10 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Cemetery Taylori. Jaland 20 UNDERTAKER ADDRESS Henry M. Lambdon Taylori. Ela.
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balton Requesting V. S. No. 1. Md.

[Approved by U. S. Census and American Public Health Association.]

"fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, cte., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Is less definite; avoid use of "Tumor" for malig-The contributory Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; (secondary or Intercurrent) For vio-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

V. S. No. 1.

CAUSE OF Important. S

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

AGE

RECORD

A PERMANENT

1 PLACE OF DEATH

11613



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/1

St.;--Ward) [it death occurred la a hospital or institution,

FULL NAME	Street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenus Value Sangle, Wilder Strate Windows or Strate Winter the word or the Winter the word or the sangle of the sa	(Month) (Day (Year)
6 DATE OF BIRTH July 2 2 nd , 1915 (Month) (Day (Year)	Trey 22, 1915, to July 22, 1915. that I last saw h alive on 191
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	abotion at about 2-/4 months, due to an acute alluess of this mother (Duration) yrs mas as.
State or country) County, Mary land	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER JAS. Herrie Parker 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) W. M. M. M. M. M. M. D. July 2 2 191.5. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER USERS ONCOUNTRY) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?
(Address) Jishing Cresh, Tud. 16 Filed Ly 22, 1915 W. H. Honstoy Th.); Program C. REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL PLACE OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (d)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, pertionaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vio-



	PLACE OF DEATH	STATE OF MARY	LAND
Coun	Sorchester	CERTIFICATE OF	DEATH
Out		Registration Dist. N	10 //(
Villag	ge or City Casubridge (No. Eastern	Show Ofate to pratise	[If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Marita Edect C	Parsons	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	EATH .
I SE	x de Color OR RACE 5 SINGLE; MARRIEO, Decigle WIOOWEO OR OIVORGEO (Write the word)	16 DATE OF DEATH July	(Day) , 191,
6 DA	TE OF BIRTH	may /8 1915 to me	, , , , .
	mkun. 1888	Caro.	9 , 191
7 AG	(Month) (Day) (Year) E : !! LESS than	that I last saw h alive on gury	, 191.5
AG	2 7 yrs, mos. ds. 1 day, hrs. OR mln.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	l above, at∠.
8 (8	OCCUPATION) Trade, profession, or ricular kind of work	Ehronie Parenchy.	motous
10 (b) General nature of industry	niphritis	
Dus	siness, or establishment in ich employed (or employer)	(Duratton)	yrs mos
9 81	RTHPLACE (State or country)	Contributory Jube celety	
_	and in	Life (Duration)	'yrsmos
	10 NAME OF FATHER LIURIOUN.	(Signed) Theo	2 N
ENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in d	eatls from Viorient
PARE	12 MAIGEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) v SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST	,W+
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the order of death	tyref mos
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Solis berry	, hid
	(informant)	Former or ususi residence Dalusbury	· ned _
		19 PLACE OF BURIAL OR REMOVAL OA	TE OF BURIAL
15	(Address)	E. Show State Hospy, France to	ly 17, 1915
File	ed John 17, 191 J - 25 Walf		DRESS
	REGISTRAR	WHYUIL Am Jac	alridge

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. employed, as At school or At home. Care should be write None. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer, mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. If the occupation has been changed Never return "Laborer," " etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-occident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Annenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valutar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere (Recommendations "Exhaustion, wound of



Coun	new Concentration R.F. & 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ///
Villag	ge or City Arche (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OF DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH 2 2 1844 (Month) (Day) (Yest)	that I last saw h 3 alive on fully 195
7 AG		and that death occurred on the date stated above, at A The The CAUSE OF DEATH * was as follows:
(a par (b bus whi	CCUPATION) Trade, profession, or rilcular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	(Duration) (Durat
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) 3, 1913 (Address) Authority State the DISEASE CAUSING DEATS, or, in deaths from JOLENT CAUSES, state (1) MEANS OF INJURY; AND 2) whether AN IDENTAL, SUICINAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annue Marie Rughest	At place in the of death yrs. mos. ds. State, yrs. mos. ds Where was disease contracted, tt and at place of death? Former or usual residence
15 File	ed Jah 3, 191 5 ERWHAT REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL POCK 20 UNDERTAKER ADDRESS 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write A one. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At hame. Care should be wife, Housewark, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the honsehold only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Luborer taken to report specifically the occupations of persons mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Callon "Foreman," "Manager," "Dealer." mobile justery. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositar, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, Never return etc., without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

under the head of "Contributory." and consequences (e. g., sepsis, telonius) may be stated on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-hamicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uramia," "Weakness." "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Conchapneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valcular heart disease; Chronic interstitial rent) affection need not be stated maless important. mephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably "Prerperal septicharmia," "Dropsy," (Recommendations "Exhaustion,"



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MARGIN

1 PLACE OF DEATH

PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. Midvier WIDOWED OR DIVORCED (Month) (Day) be properly certificate. (Write the word) attended deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? B OCCUPATION LO (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory (State or country) See 10 NAME OF FATHER (Signad) S 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, Or, in deaths from Nadicant Causes, state (1) Mrans of Injury; and (2) whether Accidental, (State or country) 12 MAIDEN NAME SUIGIDAL OF HOMICIDAL. d OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Al place US is v In the OF MOTHER (State or country Slate. yrs. Every item of instance of instance of the state CAI Where wes diseese contracted. 14 THE ABOVE IS TRUE If not at place of deeth? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 20 UNDERTAKER ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

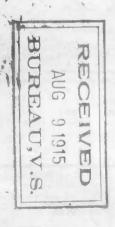
STATE OF MARYLAND

[Approved by U. S. Census and American Public Realth Association.]

write Nonc. state occupation at beginning of illness. the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Former (refired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer mobile foctory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (o) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more of the second statement. especially in industrial employments, it is necessary tobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-('ivil

Statement of Cause of Death—Name, first, the disease causing death—name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephritis, etc. cause. "Heart failure," "Heemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic vulcular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sarcomo, etc., of..... Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere



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2	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. It CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
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1 PLACE OF DEATH
County Donluctur

Village or C	FULL NAME POST POST	St.; Ward) [If death of a hospitation give its NAM of street and
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Met	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended decease
6 DATE OF	July 14,191 (Mohth) (Day) (Yes	J fr. (* , 191.0 , to
7 AGE	Possesture Pointh ds. It LESS to 1 day, 1	hrs.
particular k	I nature of Industry	***************************************
D(b) General business, o which employed	I nature of lodustry r establishment in yed (or employer) ACE r country)	Contributory Secondary
(b) Genera business, o which emple 9 BIRTHPL (State o	r establishment in yed (or employer)	Contributory Secondary (Burstian) yrs mo (Signed)
(b) Genera business, o which emple 9 BIRTHPL (State of the control	me of There There In the Partier	Contributory Secondary (Signed) (Signed) (State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (I) MEANS OF INJURY; and (2) whether Accur SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TI OR RECENT RESIDENTS) At piece at death yrs. mss. ds. Stats, yrs. m
(b) Genera business, o which emple 9 BIRTHPL (State of State of St	restablishment in yed (or employer) ACE Frountry) ME OF THER There or Porter THPLACE FATHER tate or country) IDEN NAME F MOTHER DELLA Hurley - RTHPLACE MOTHER tate or country) THERE THE DELLA HURLEY - RTHPLACE MOTHER tate or country) THERE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from V CAUSES, state (1) MEANS of INJURY; and (2) , whether Accur Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, To OR RECENT RESIDENTS) At pisce to the secondary of the sec

STATE OF MARYLAND

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on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated birth or miscarriage as "Puerperal seplichaemia," "Puerperal perilonitis," etc. State cause for which on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of suicinal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never "Exhaustion," report mere



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PLACE OF DEATH 11618 County Dirichister	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cambridge (No. 177), 2 FULL NAME Julian A.	Registration Dist. No. St.; Ward) Registration Dist. No. [If death occurred in a nospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Grove on RAGE SINGLE, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
	that I last saw h man alive on July 2 2 , 191
7 AGE If LESS 1 day,	The CAUSE OF DEATH & was so fellows.
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Enter-Colitic (Buration) bout 1 mos. d
9 BIRTHPLACE (State or country) Many Land	Contributory Secondary (Burellon) vs. mas d
10 NAME OF FATHER FINEASE M. Michaed	(Signed) E E. Wolff, M.
DE TRANSPORTER OF MOTHER OF MOTHER TO A MANAGEMENT OF MOTHER TO A MANA	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Manualand 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. d
(Informant) Julian M. Rohanda	Former or usuel residence
(Address) Cambridge Md	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ANDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

first line will be sufficient, c. g., Farmer or Planter, Physiwrite None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (relired Housemaid, etc. engaged in domestic service for wages, as Seruml, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

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County Louchestan Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Village or City Canbridge (No. 5 4 9 00 2 FULL NAME LE 42 16 A 81	long St.; 2 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flanale Calaka (Write the word) Minday	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That (Attended deceased from
(Month) (Day) 1844	that I last saw h evalive on July 25, 1915,
7 AGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Burallon) yrs. mos. 430 ds.
10 NAME OF PATHER SMALL	Contributory Secondary Duration) yrs mos ds (Signed)
S 11 BIRTHPLACE OF FACHER (Shale or country) Jount Rum 12 Male or country) Jount Rum OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or sountry) Low thron	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS: TRANSIENTS OR RECENT RESIDENTS) At place In the of deeth yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
(Informant) I Shah Hobins	If not all place of death? Former or usuel residence
(Intermant) Joseph Grand Colors (Address) Camber Lege Mol	PLACE OF BURIAL OR REMOVAL MOATE OF BURIAL Could town July 30, 191.5
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausenmid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman." "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growny: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, At home. Care should be Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Puenpenal peritonitis," etc. State cause for which on statement of cause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY- and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia nephritis, etc. caugh; Chronic vulrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meagles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull "Senile," etc.), (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably "Dropsy," Never report mere "Atrophy," "Col-"Exhaustion," ("Con-



Filed Ang

A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS AGE N. B.—Every Item of information CAUSE OF DEATH in plai Important. See instructions WRITE

of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION is very

RECORD

Village or City Taylow Slavero.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FOR STATE OF BIRTH ACE ACCUPATION (a) Trade, profession, or particular kind of work ACCUPATION (a) Trade, profession, or particular kind of work ACCUPATION (a) Trade, profession, or particular kind of work ACCUPATION (a) Trade, profession, or particular kind of work	18 DATE OF DEATH (Mosth) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 1915. that I last saw here alive on 1915. and that death occurred on the date stated above, at 1915. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Savets B. Orlley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS At place of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOYAL Burial grand or John Claff Mag. (1915)

Vaylors Islid If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeeper's statement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemla" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resuiting from Measlcs "Scnlie," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

V. S. No. 1.

CAUSE OF Important.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH

Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

[If death occurred in a hospital or institution give Its NAME instead of street and number.]

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Lewale Colored Single, Married, Surgle orbivorced (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify. That I attended deceased from
	Otober 8, 1893 (Month) (Day (Year)	July 20 7, 1915, to July 29 7, 1915, that I last saw h & alive on July 2, 7, 1915,
7 A	The state of the s	and that death occurred on the date stated above, at 10 - Am,
	2 / yrs / 0 mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
(8	DECUPATION 1) Trade, protession, or crob heat Pilar & Oystan Shue from	Henry
(b) General nature of Industry, siness, or establishment in nich employed (or employer)	(Duration) yrs mas. // ds.
9 8	(State or country)	Contributory Secondary
	10 NAME OF FATHER augustus O. Travers	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country) Derelies ter Co. Mid	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Dochester. Co., Mg	OR RECENT RESIDENTS) Al place . lo the of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Interment) Augustus O Iranes	Former or usual residence.
16	(Address) Hoopersville, kus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	1ed July 29, 1915 WAlfbouston, ms.	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Brouchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuenreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aseer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastcs (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very N. B.—Every Item of Information statement of CAUSE OF DEATH In piain Important. 1 PLACE OF DEATH

Du chesta



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Caulmore (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX MUT 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR BLYORCED	(Month) (Day (Year)
DATE OF BIRTH (Write the word) 19 (Month) (Day (Year) 7 AGE 11 LESS than	that I last saw h == elive on 191 1 1 1 1 1 1 1 1
BOCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Thur was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
OBJECT HPLACE (State or country) 10 NAME OF FATHER Cleu J. Mullace 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the other death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Naura. Maeran	It not at place of death? Former or usual residence
Filed 197,191 5 Selvely Registrar	De gard of Germa ! July 21

1f more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For vio-



relace of DEATH 11623 County Dechister Village or City Cambridge (No.211, 70) 2 FULL NAME William J. W	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thite Single, Mairied Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH (Mor (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h in alive on July 9, 1915,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at am. The CAUSE OF DEATH * was as follows: Your war North Duran
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory Valuation Augustion Secondary
10 NAME OF FATHER Velliany White 11 BIRTHPLACE OF FATHER (State or country) Mary Land 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTH	(Signed) (Signed) (Address) State of Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the formal death yes. mos. ds. State, yes. mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) Cambridge and 15 FRED 19, 1915 EEWSTAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS The Manufold of Manufold

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Furne lubarer, Laborer—Coal mine, etc. Women at home, who are engaged in mabile factory. The material worked on may form part mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Catton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, Never return If retired from "Laborer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wanted of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "PUERPERAL peritonities," etc. State cause for which "Heart failure," "H-emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraumia," "Weakness," suicide. surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Annemia" (merely symptomatic), etc., when a definite disease can be ascertained as the lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chranic vehular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping manne origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or interem-"Convulsions," "Debility" "Dropsy," "Atrophy," "Exhaustion," ACCIDENTAL, report mere



ated EXACTLY, PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. See Instructions on back of certificate. N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o 1 PLACE OF DEATH 11624



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

	4	•	31		_		
 -	т.		. м	w	я	ra.	r

Ilf death occurred to a hospital or institution, give Its NAME Instead of street and number. I

	2 FULL NAME Many Jone /		********
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH Selection (Month)	(Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That	I attended deceased from
J	May t 1834 (Month) (Day (Year)	that I last saw has alive on the	el 12 , 1912 ,
TAG		and that death occurred on the date state	1
	7 7 yrs 2 mos 5 ds OR min.?	The CAUSE OF DEATH* was as follows:	
(a)	CUPATION Trade, profession, or 7 /	Sociela Rys	Leilen
	clicular kind of work to when the second		
busi	General nature of Industry, ness, or establishment in Keefing flacear the employed (or employer)	(Ouration)	yrs. mos. / D ds.
9 81	RTHPLACE (State or country)	Contributory	***************************************
S	10 NAME OF FATHER Andrew Disley	(Signed) (Signed) (Question)	yrsds.
ENT	OF FATHER (State or country) posekula la hid	*State the DISEASE CAUSING DEATH, C	or, in deaths from Violent
AR	12 MAIDEN NAME OF MOTHER	CAUSDS, state (1) MEANS OF INJURY;	and (2) whether Acciden-
۵	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the	S. INSTITUTIONS, TRANSIENTS,
	(State or country) Dorchecter be red	of death yrs mos ds. State	yrs ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(informant) Cary Welli	Former or usual residence	
	(Address) In dieces	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	(AUUI UUD)	andrews	1 1 1
File	July 14, 1814 W. J. busick be	20 UNDERTAKER Sturium	ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St. Balto. Requesting W.	brapo

[Approved by U. S. Consus and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (Misease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

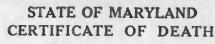


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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS DEATH in plain terms, so that it m See instructions on back of certificate. WRITE CAUSE OF Important.

11625



Registration Dist. No.....

Tit death occurred in

FULL NAME Elizabethi	Wooles a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GEX COLOBOR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day (Yent)) 170 I HEREBY CERTIFY, That I attended deceased from
	that I list saw h will slive on live of 1915. snd that desth occurred on the date stated above, at 3 0 m.
80 yrs mos 2 2 ds. or min.? **Boccupation** (a) Trade, profession, or particular kind of work for the second of t	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) Masy lond	Contributory access (Duration) yrs. mos. 't ds. Secondary Records (Duration) yrs. mos. 't ds. Contributory Access (Duration) yrs. mos. 't ds.
OF FATHER Momes Mills 11 BIRTHPLACE OF FATHER (State or country) Mary Carry	(Signed) (Signed) (Address) wrs. mgs. ds. (Signed) (M. D. *State the DISEASE CAUSING DEATH, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME (State or country) May large	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant) A Madison (Address) Madison 15	if not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OBREMOVAL DATE OF TURIAL ONE STATE OF TURIAL ONE STATE OF TURIAL ONE STATE OF TURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Halto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agecated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerreral scptichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ete., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



	bluould a
RECORD	PHYSICIANS SI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
-THIS IS A	GE should be a perly classified.
FADING INK	ully supplied. A
Y, WITH UN	hould be caref terms, so tha
ITE PLAINLY	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
WR	CAUSE OF Important. S

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred inWard) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. The much WIDOWED, (Month! (Dav ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from (Year) TAGE if LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted.

if not at place of death? Former or usual residence.

ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursults can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For VIO-

4 4 0 0 W	
PLACE OF DEATH	STATE OF MARYLAND
a dos al alas	CERTIFICATE OF DEATH
County Al Chester	NO)
	Registration Dist. No.
Village or City Cambridge (No. 303,	St.; Ward) [If death occurred in a hospital or institution,
70.0 11/4	Short) give its NAME instead et street and number.
² FULL NAME / TOTAL J	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH July 28 1015
Inale colored OR DIVORCED Surgles	(Month) (Day) (Year)
6 DATE OF BIRTH	17. I HEREBY CERTIFY, That I attended deceased from
To 2 2	191 , to, 191 ,
(Month) (Day) (Year)	that I last saw halive on, 191,
⁷ AGE If LESS than	and that death occurred on the date stated above, at 8 P.m.
2 / yrs f mas 2 d day hrs. OR min.?	The CAUSE OF DEATH * was as follows:
110,	
(a) Trade, profession, or	Valuonary Vastreelvece
particular kind of work (b) General nature of industry	,
business, or establishment in	(Ouration) / yrs, mos. ds.
which employed (or employer) BIRTHPLACE	Contributory Ideast Farlung
(State or country)	Secondary (Burelion) yrs mos ds.
10 NAME OF Lectures fruttuis	(Signed) Stevoet & R. M. O.
U II BIRTHPLACE	July 2 9, 181 & (Address) Caralles Ope Lang
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
C 12 MAIOEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.
a conva agonal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piece of death?
(Informant) George Young	Former or usual residence
1 12/100 0 6-0 00	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 30 that It, Cambridge Md.	Combidge ma July 20, 1915
Fled July 29 1915 E Elvoly	20 UNGERTAKER ADORESS
REGISTRAR	Turner Stellan city
If more blanks are needed, address State Registrar, I	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nanc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton -Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Campositor, Architect, Locomotive engineer, Cwil For persons who have no occupation whatever, various pursuits can be known. The question Never return If retired from "Laborer," (b) Auto-

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident; Revaluer wound of state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonities," etc. State cause for which birth or miscarriage as "Puenperal septicharmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic vulnular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles, Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinama, Sarcoma, etc., of The contributory (secondary or intereurg., sepsis, tetanus) may be stated by carbolic acid-probably "Dropsy," "Exhaustion,

